CONFIDENTIAL

For use by staff officers and employees only. Submit in duplicate on entering Service and whenever designated place of residence or marital or dependency status changes. IMPORTANT in determining travel expenses and transit salary allowable in connection with leave at Government expense, return to residence upon separation, and in determining transportation expenses allowable in connection with shipment of remains of officer or employee or member of family.

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William King Har	vey		
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WASHING			in the Charles
f appointed abroad,	last place of resid	lence in conti	nental United States
Topo de applicanto.	United States design	mated normans	ent or legal residence
Fleminas b	UNG /1 PA	itucky	/ Legal Toblachoo
T TCMITTO DE D	MARITAL	STATUS	
	Place of Marriage		Date of marriage
	BloomING	ton, Inda	ANA 4/4/34
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Married			5
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Williams and the same of the same of	Place of divorce decree		Page of divorce decisor
Divorced			
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and the second s	Place spouse died		Date spouse died
Widowed			
	Members ((As Defined i	of Family n GAI No. 11)	
Identification of	Members of Family	Relacionsh	ip Date of Birth
lizabeth M. HARVEY		WiFe	3 February 1916
AMES DRENAN HARYEY		50 N	3 February 1916 28 Detember 194,
<u> </u>		-	
Date of Submissio	n * * * * * * * * * * * * * * * * * * *	Signe	ature
24 Januar	1950	Wille	ans King Harrier
ADDDOVED FO	∕ OR RELEASE□DAT	/	
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Form W-4 (Revised April 1948) U.S. Treasury Department Internal Revenue Service Print full name EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE Employer: Keep this certificate in your files. Collection of Income Tax at Source on Wages) Social Security No. None Employer: Keep this certificate in your files.			
Print home address 2627 39 th. St. N.W. Washing to N. D. C.			
FILE THIS FORM WITH YOUR EMPLOYER. Otherwise, he is required by law to withhold tax from your wages without exemption.			
HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS			
I. If you are Single, write the figure "1"			
(a) If you claim both of these exemptions, write the figure "2" (b) If you claim one of these exemptions, write the figure "1" (c) If you claim neither of these exemptions, write "0"			
III. Additional exemptions for age and blindness:			
(a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2"			
(b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2"			
IV. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents. (See instruction 3 on other side.)			
V. Add the number of exemptions which you have claimed above and write the total			
HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS I. If you are Single, write the figure "1". II. If you are Married, one exemption is allowed for the husband and one exemption for the wife. (a) If you claim both of these exemptions, write the figure "2" (b) If you claim one of these exemptions, write the figure "1" (c) If you claim neither of these exemptions, write "0" III. Additional exemptions for age and blindness: (a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write the figure "1"; if both will be 65 or older, and you claim both of these exemptions, write the figure "2" (b) If you or your wife are blind, and you claim this exemption, write the figure "1"; if both are blind, and you claim both of these exemptions, write the figure "2" IV. If during the year you will provide more than one-half of the support of persons closely related to you, write the number of such dependents. (See instruction 3 on other side.)			

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		FUNDS PERSOI	NNEL ACTIO	***
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NATURE OF ACTION			22 January 19	za.
		FROM	TO MARKET	
ITLE			Chief (Intell. Officer) 65-15
RADE AND SALARY			GS-15, \$10,500,00	
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FFICIAL STATION		APPROVAL	Washington, D. C.	
LASSIFICATION			YES NO	
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VERSEAS AGREEMENT SIGNED		Not A	pplicable	
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REMARKS:	•		SIGNATURE OF AUTHENTICATING OF	FFICER
Please transfe Security conce	er leave	Ups N. N. +	ullcorized Certification	
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FORM NO. 37-1		SECRET	Q.A.	<i>,</i>